

2011 Military Health System Conference

Total Force + TRICARE = MHS Commitment
to **Reserve Warriors and Their Families:
Before, During and After Activation**

The Quadruple Aim: Working Together, Achieving Success

Richard R. Bannick, Ph. D., FACHE

January 25, 2011



TRICARE Management Activity

Agenda



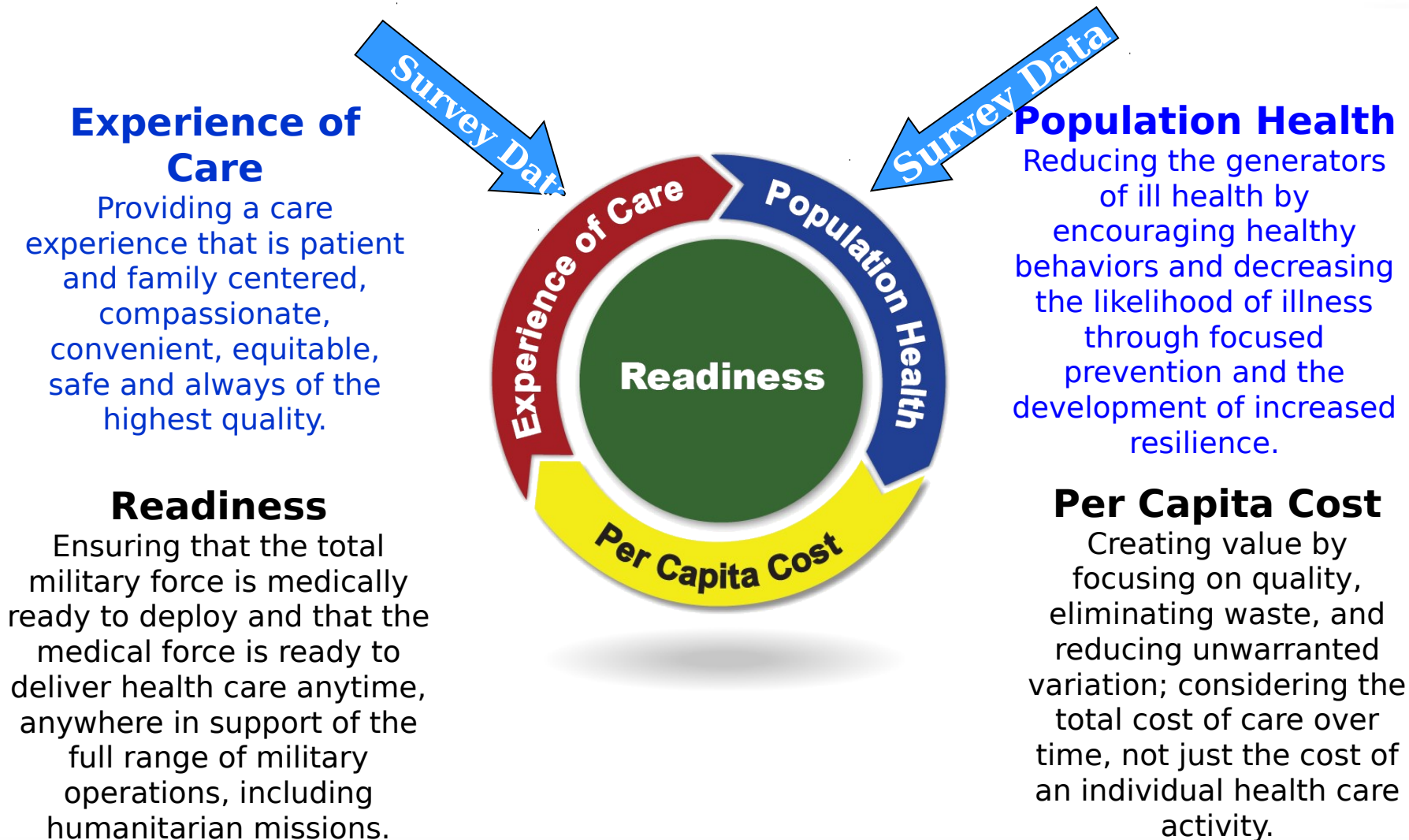
- MHS Survey Program & Relevance to Strategic Imperatives
- Access to and Experience of Care Among the Reserve Component (2007-2009)
- Special Survey of TRICARE Reserve Select enrolled Beneficiaries (2008)
- Access to Civilian Providers Accepting TRICARE Standard and Extra Patients



DoD Perspective

Military Health System (MHS)
Survey Program & Relevance to
Strategic Imperatives

The Quadruple Aim: The MHS Value Model



OASD(HA)/TMA & Service SG Core Survey Program



Event-Based (episode of care) Surveys

■ Outpatient Surveys

- TRICARE Outpatient Satisfaction Survey (TROSS)
 - Direct Care & Purchased Care, Over Time, Across Services
- Service Outpatient Surveys
 - Army SG: AMEDD Provider Level Satisfaction Survey (APLSS)
 - Navy- BUMED: Navy Medicine Patient Satisfaction Survey (PSS)
 - Air Force SG: Service Delivery Assessment (SDA)

■ Inpatient Surveys

- TRICARE Inpatient Satisfaction Survey (TRISS)
 - Direct Care & Purchased Care, Over Time, Across

OASD(HA)/TMA & Service SG Core Survey Program



Population Surveys

- *Healthcare Survey of DoD Beneficiaries (HCSDB)*
- DoD Survey of Health Related Behaviors (HRB)
- “Wounded Warrior” surveys
 - HA/TMA Ill or Injured Survey
 - Army OTSG Warrior Transition Unit (WTU)
- *Survey of Civilian Provider Acceptance of TRICARE Standard*
- Ad-hoc: *TRS*, BRAC
- DMDC- Tailored Surveys
 - e.g. Benefits, Services, Workforce Culture, Equal Opportunity, and Employee Satisfaction



Access to and Experience of Care Among the Reserve Component

Health Care Survey of DoD Beneficiaries (HCSDB)



- Results from the HCSDB fielded 2007 through 2009
 - Fielded to stratified sample of 200,000 beneficiaries each year, results weighted to account for sampling, non-response
- Questions are from the **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey**
 - The 2007 and 2008 HCSDB used CAHPS Version 3.0.
 - In 2009, both Version 3.0 and Version 4.0 were fielded to 50,000 and 150,000 respectively

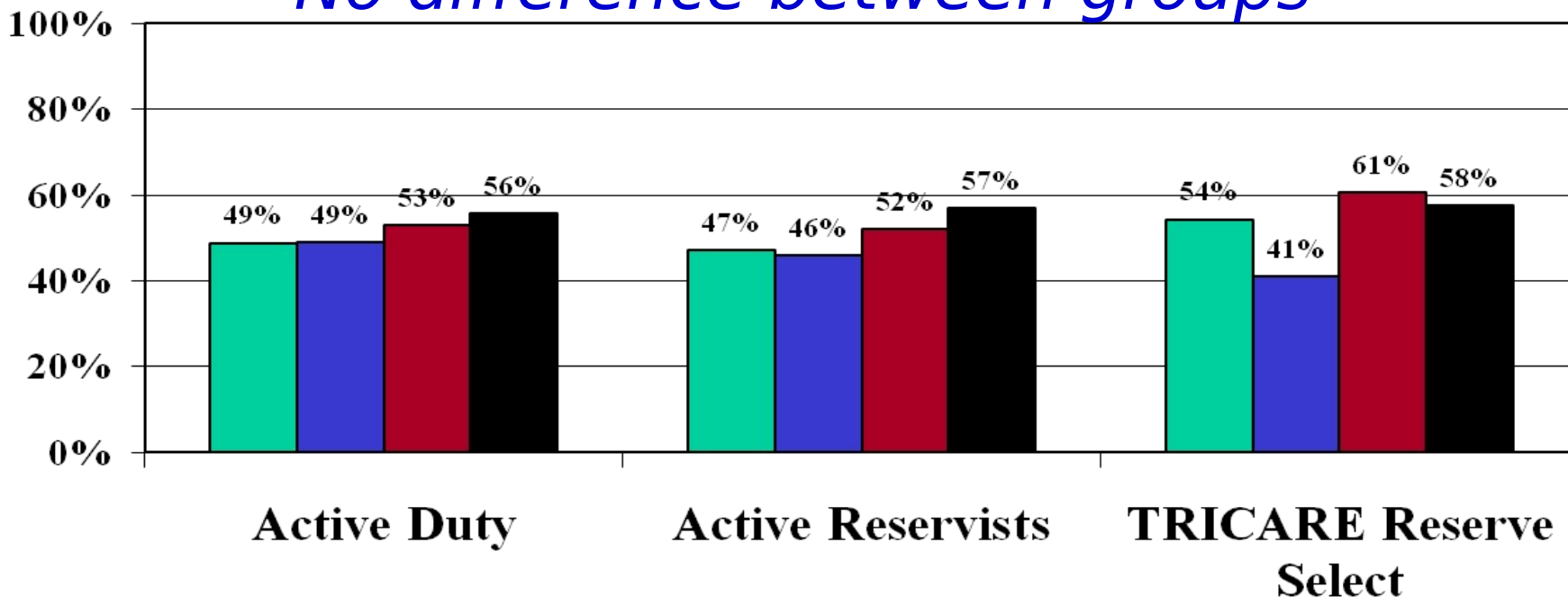
Health Plan Ratings: Active Duty & Reservists



HCSDB Prior Surveys: 2006-2009

No difference between groups

Percent Rating 8 or Above



Beneficiary Group

2007 2008 2009 Benchmark

* Differs from Active Duty, $p < 0.05$

Rates are unadjusted.

Source: HCSDB fielded FY2007 - FY2009

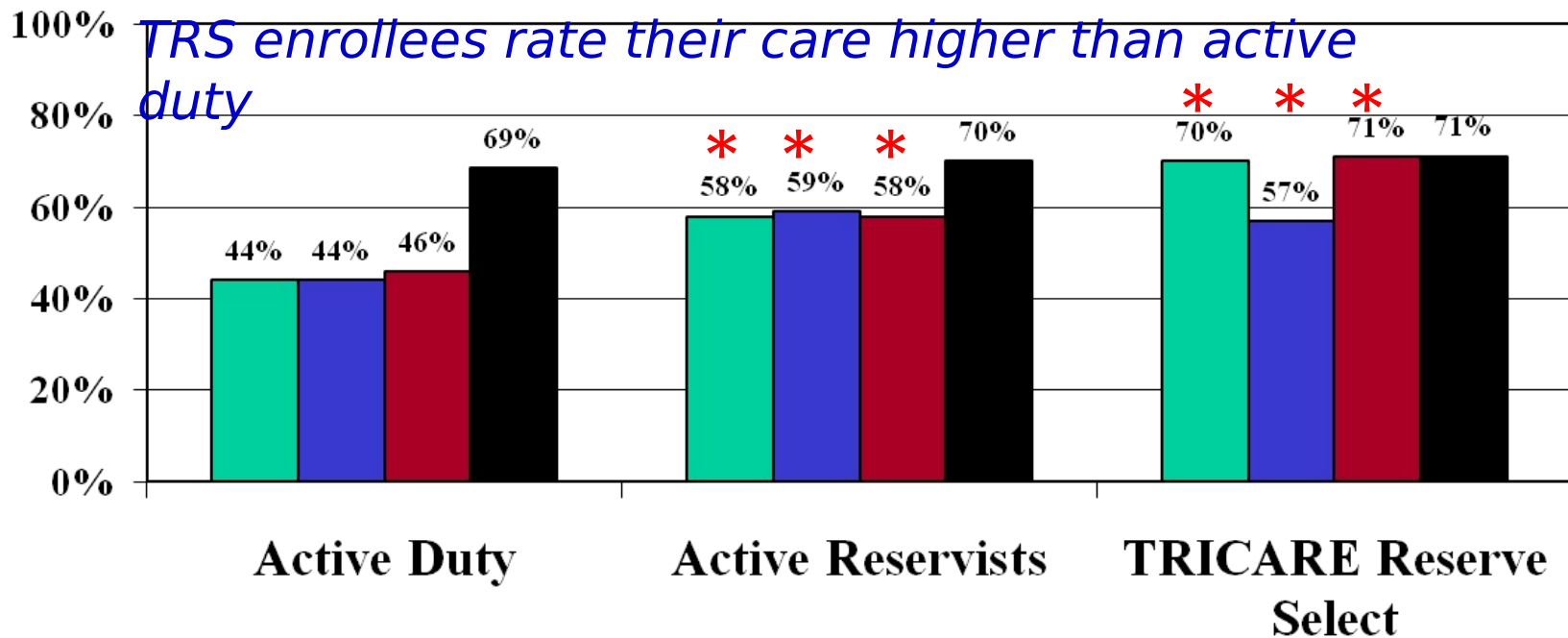
Health Care Ratings: Active Duty and Reservists



HCSDB Prior Surveys: 2006-2009

Difference between groups: Active Reservists and TRS enrollees rate their care higher than active duty

Percent Rating 8 or Above



* Differs from Active Duty, $p < 0.05$

Rates are unadjusted.

Source: HCSDB fielded FY2007 - FY2009

Beneficiary Group

2007 2008 2009 Benchmark

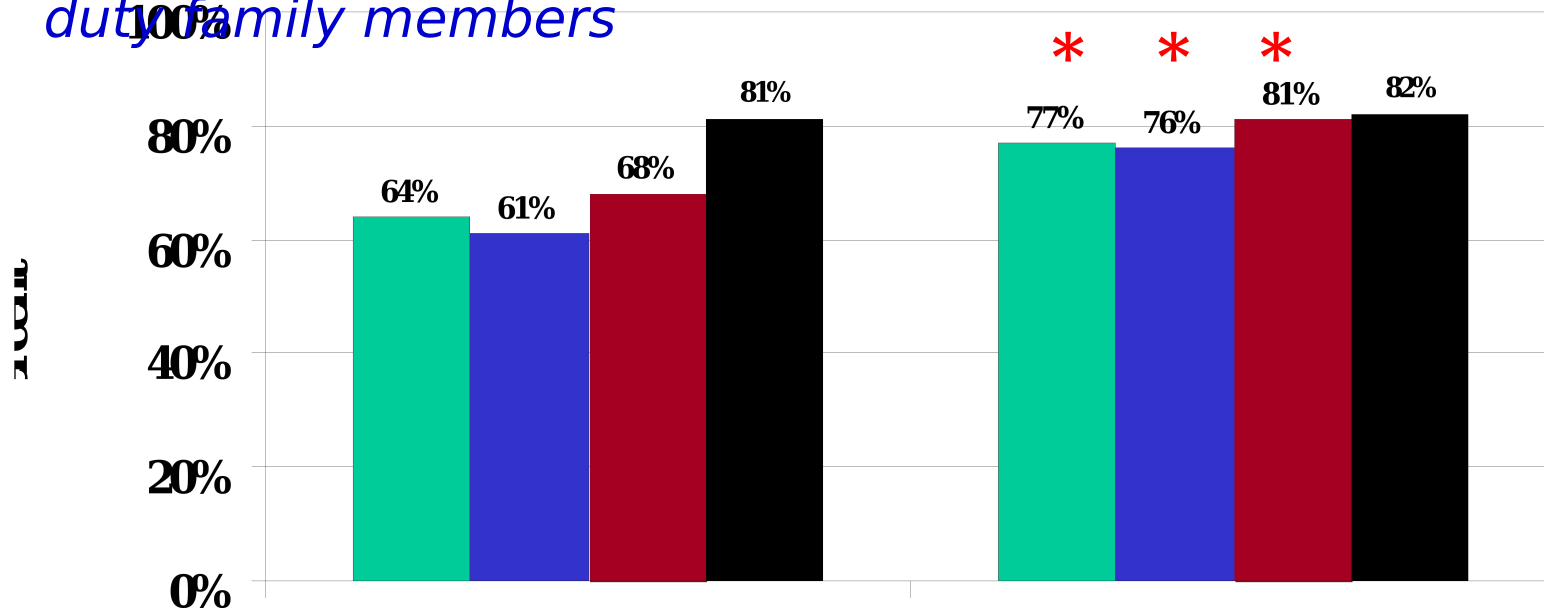
Active Duty excludes Reservists. Active Reservists are covered by TRICARE and not in TRS. Benchmarks are age and health status

Access to Care - "Usually or Always Get Routine Care when Desired"



HCSDB Prior Surveys: 2006-2009

Difference between groups: family members of active Reservists rate access to routine care higher than active duty family members



* Differs from ADFM, $p < 0.05$
 Rates are unadjusted.
 Source: HCSDB fielded FY2007 - FY2009

Beneficiary Group

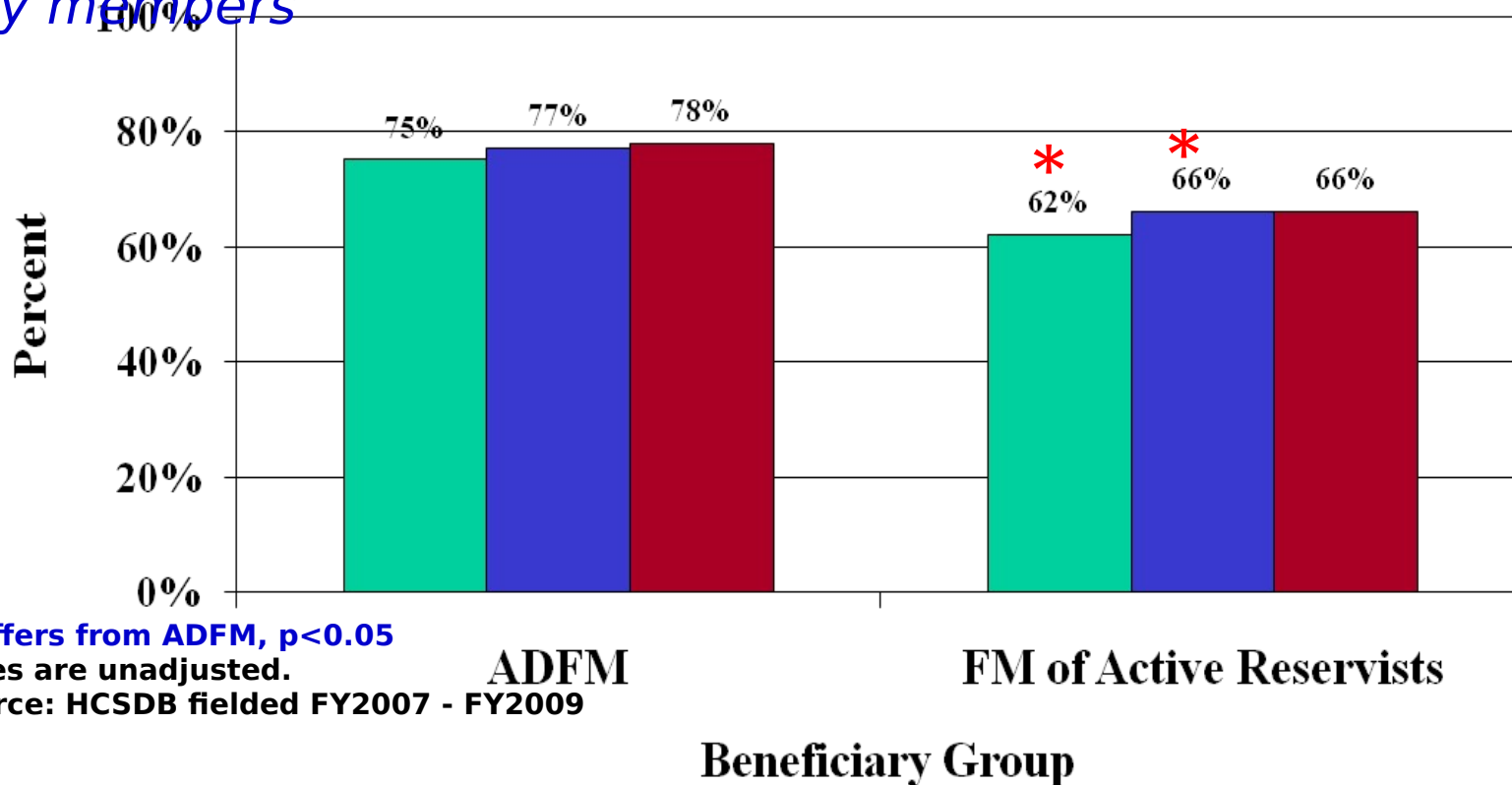
2007 2008 2009 Benchmark

Customer Service - “No Problem with Paperwork”



HCSDB Prior Surveys: 2006-2009

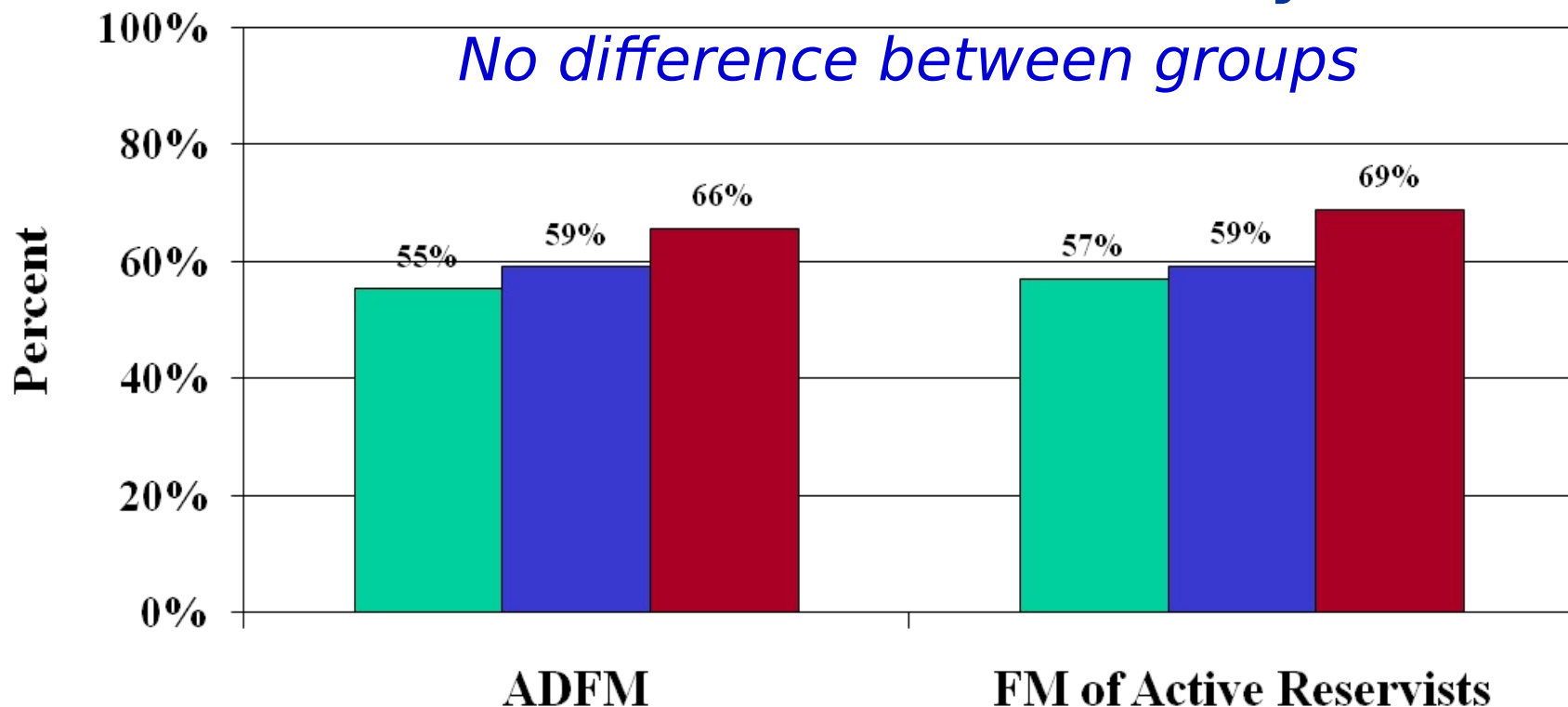
Difference between groups: Reservist family members rate fewer problems with paperwork in FY 2007 and FY 2008 than active duty family members



Customer Service - “No Problem with Customer Service Line”



HCSDB Prior Surveys: 2006-2009



* Differs from ADFM, $p < 0.05$

Rates are unadjusted.

Source: HCSDB fielded FY2007 - FY2009

2007

2008

2009



Special Survey of Reserve Component Beneficiaries- TRICARE Reserve Select (2008)

Special Survey of Reserve Component Beneficiaries (2008)



- Purpose
 - To better understand Reserve Component motivation for enrolling, or not enrolling, in the TRICARE Reserve Select (TRS) benefits option
 - To compare satisfaction with and access to health care services of TRS adult enrollees to non-enrolled Selected Reserve and to other MHS adult enrolled and non-enrolled family members
- Methodology
 - Randomly surveyed 40,437 Selected Reserve (SelRes) service and family members, roughly split between TRS and non-enrolled, non-mobilized SelRes
 - Survey fielded from April-July 2008
 - Used a common instrument – abbreviated version of Health Care Surveys of DoD Beneficiaries (HCSDB) with TRS-specific questions – and methodology; overall response rate of 18%
- Comparison Groups*

TRS enrollees
(Q1/Q2FY08)

SelRes Non-enrollees**MHS ADFM**

Enrolled Sponsors
& Family

Sponsors & Family

ADFM/ Prime

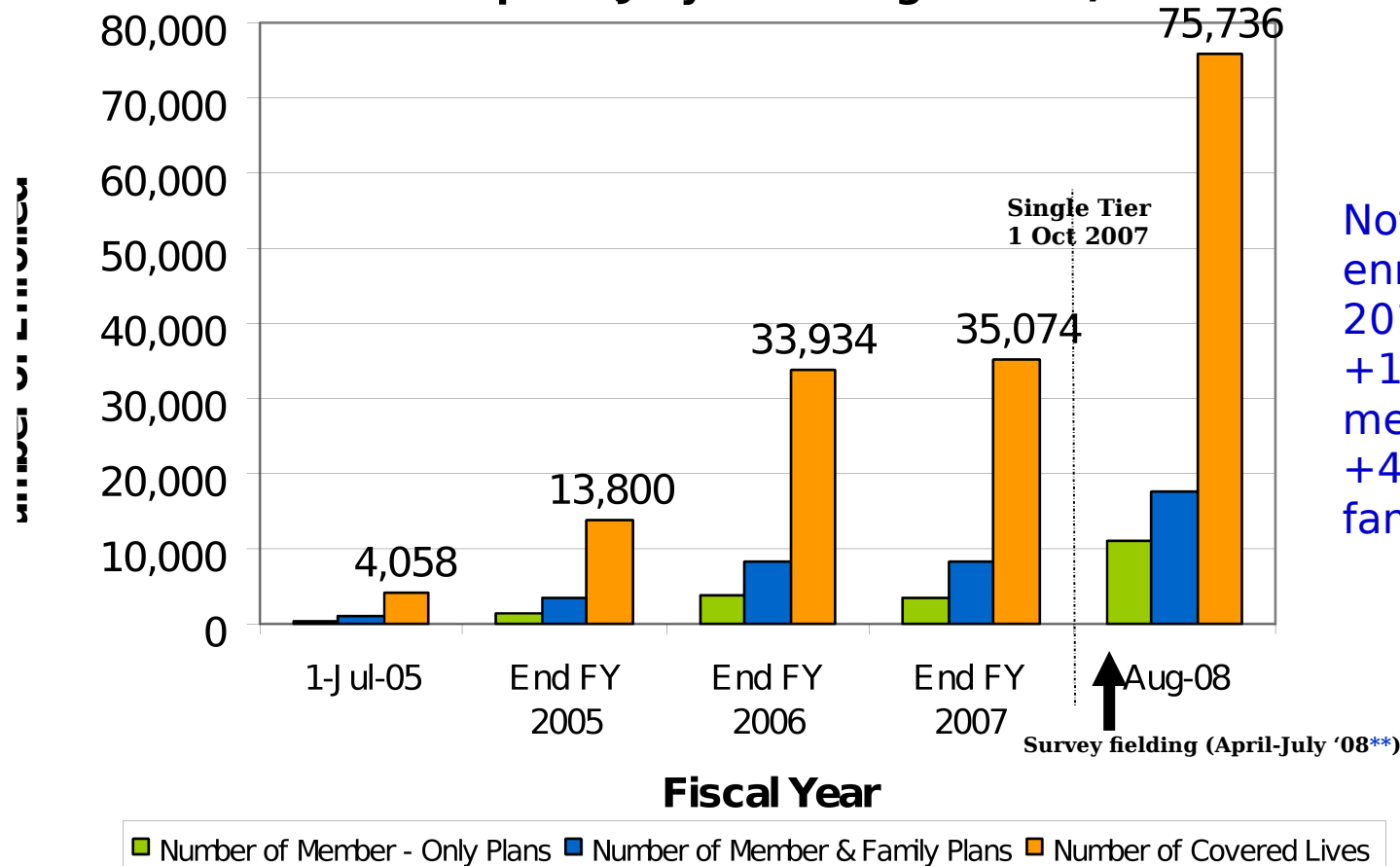
*Adjusted by age, health status, education, and sex

Std/Extra Family

Background: TRS Enrollment Trend (at time of Survey)



**Trend in Enrollment in TRICARE Reserve Select Since
Inception (July 2005 - August 2008)**



Note: TRS enrollment by Nov 2010 reached +170K, in ~25K member-only plans, +41K member + family plans

Note: TRS enrollment reached over 88,000 lives by the end of December 2008, after the present survey

Why do eligible SelRes enroll in TRS?



Summary of Findings

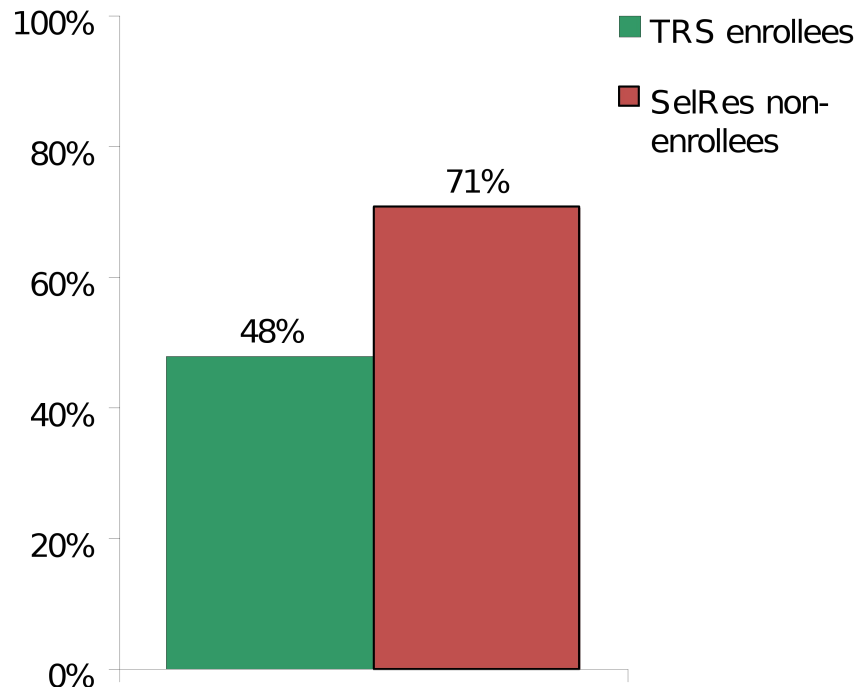
- **Lack of civilian health insurance options**
 - less than half of TRS enrollees had an opportunity to obtain civilian health insurance option, compared to over 70 percent of eligible, non-enrolled SelRes
- **Recent changes**
 - 60 percent of TRS enrollees said recent changes to the program – especially changes to eligibility – were the reasons they purchased TRS coverage
- **Affordability**
 - over half of TRS enrollees identified “TRS is more affordable than my alternatives” as the most important reason for purchasing coverage

Reasons to Purchase - Civilian Insurance Options and Recent Changes

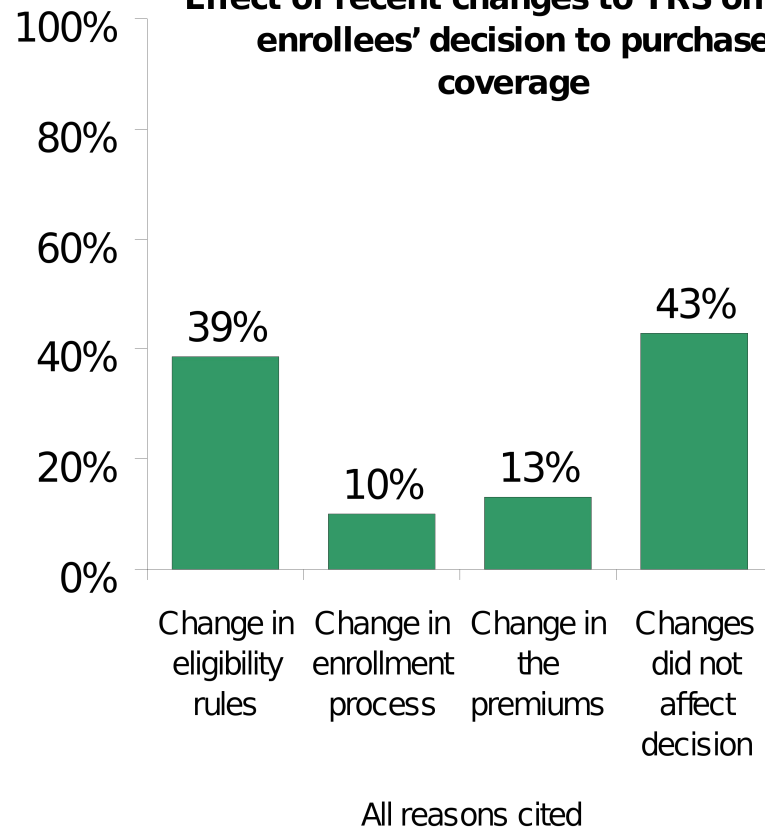


Less than half of TRS enrollees had a civilian health insurance option versus over 70 percent of eligible SelRes non-enrollees.

Opportunity to obtain civilian health insurance, by TRS enrollment

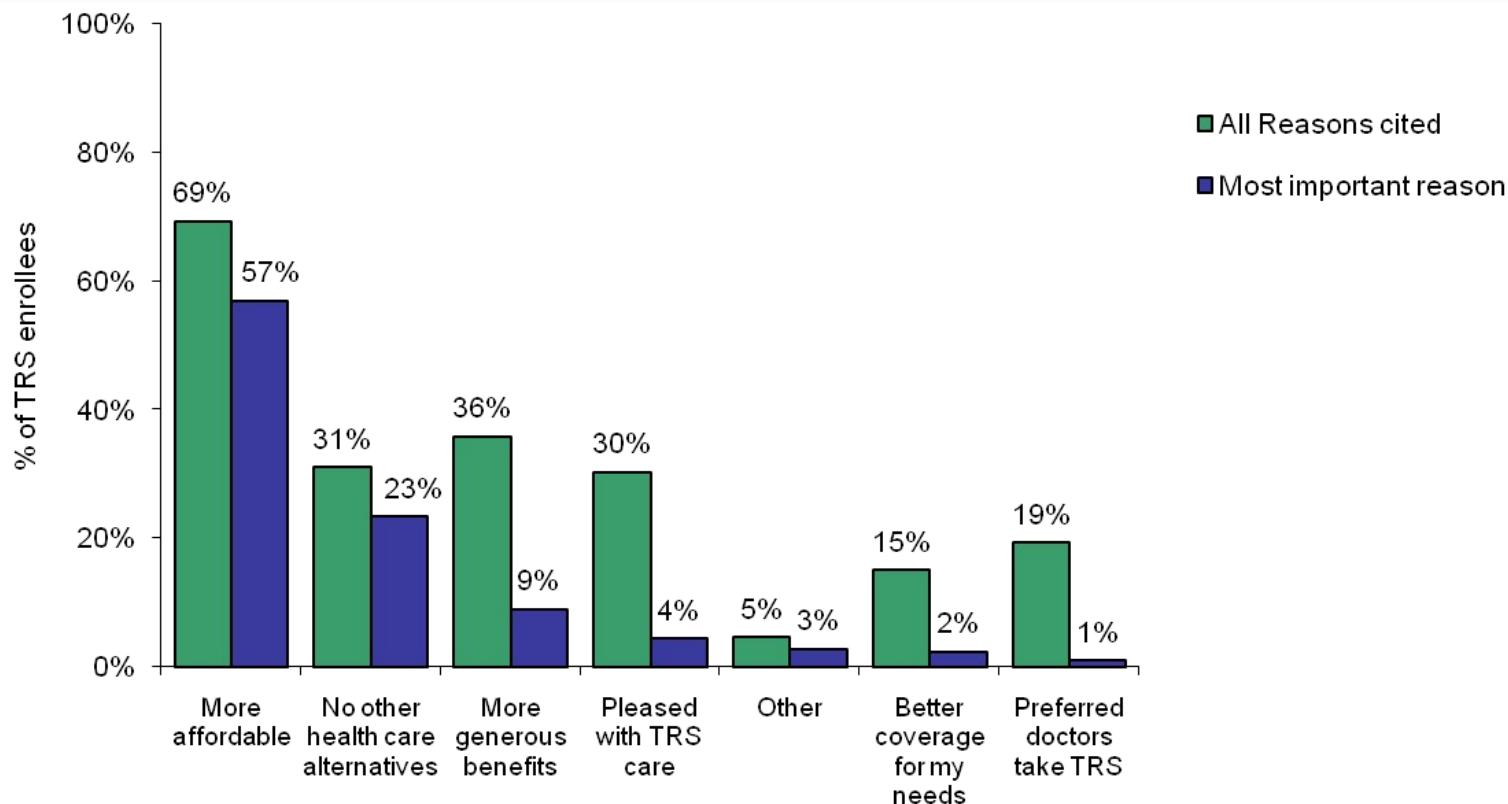


Effect of recent changes to TRS on TRS enrollees' decision to purchase coverage



Nearly 60% of TRS enrollees said recent changes - particularly to eligibility rules - affected their decision to enroll. Yet over 40 percent said recent changes did not influence their decision.

Reasons to Purchase - All and Most Important Reasons Cited



- **“TRS was more affordable than my alternatives”**
 - the **most important reason** identified for purchasing coverage, followed by no other health care alternatives
- **Generosity of benefits**
 - **frequently cited** as a reason for purchasing coverage, but only **9%** said it was the most important reason

Why do SelRes not enroll in TRS?



Summary of Findings

■ Awareness

- less than half of eligible SelRes non-enrollees are aware of TRS
 - compared to those who are aware, the unaware tend to be younger, poorer, less educated, or in the Navy or Reserves and have no options for civilian insurance

■ Affordability

- among those aware of TRS, nearly half of eligible SelRes non-enrollees said they had a more affordable civilian option

■ Civilian health insurance options

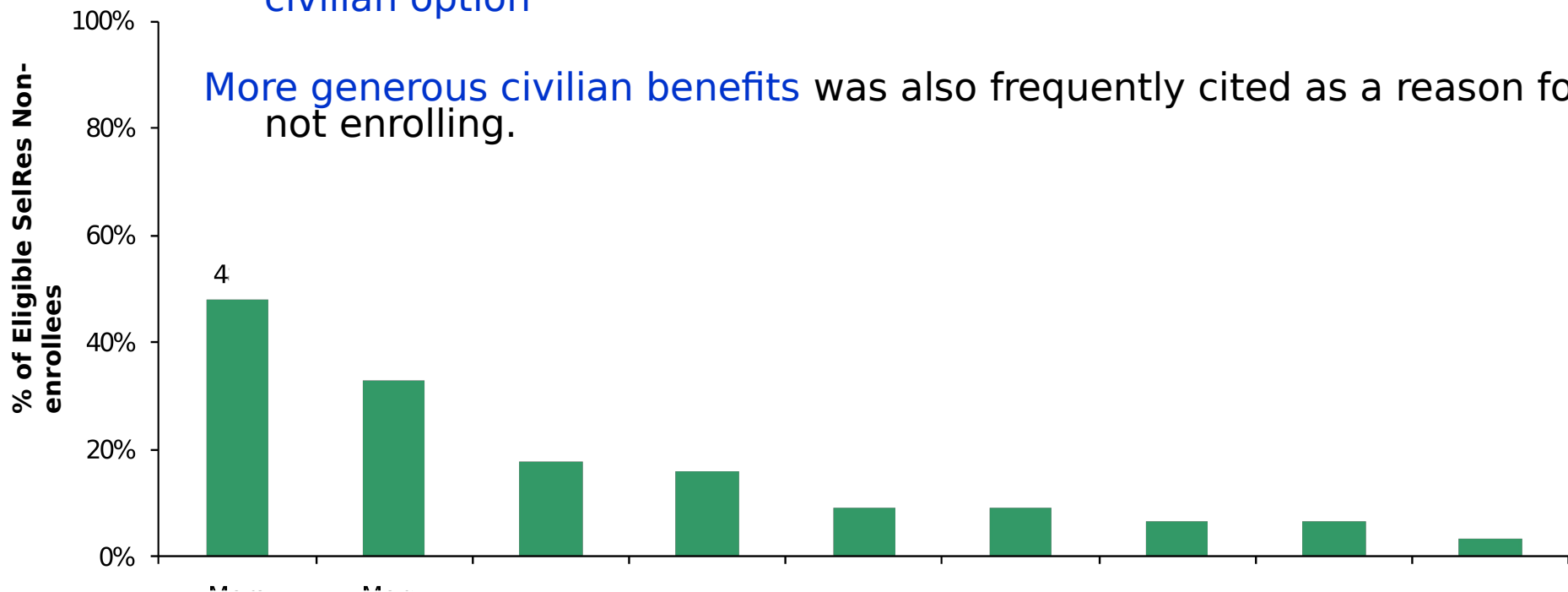
- eligible SelRes non-enrollees had greater opportunity for civilian health insurance coverage

Reasons Not to Purchase - All Reasons Cited for Not Purchasing TRS Coverage

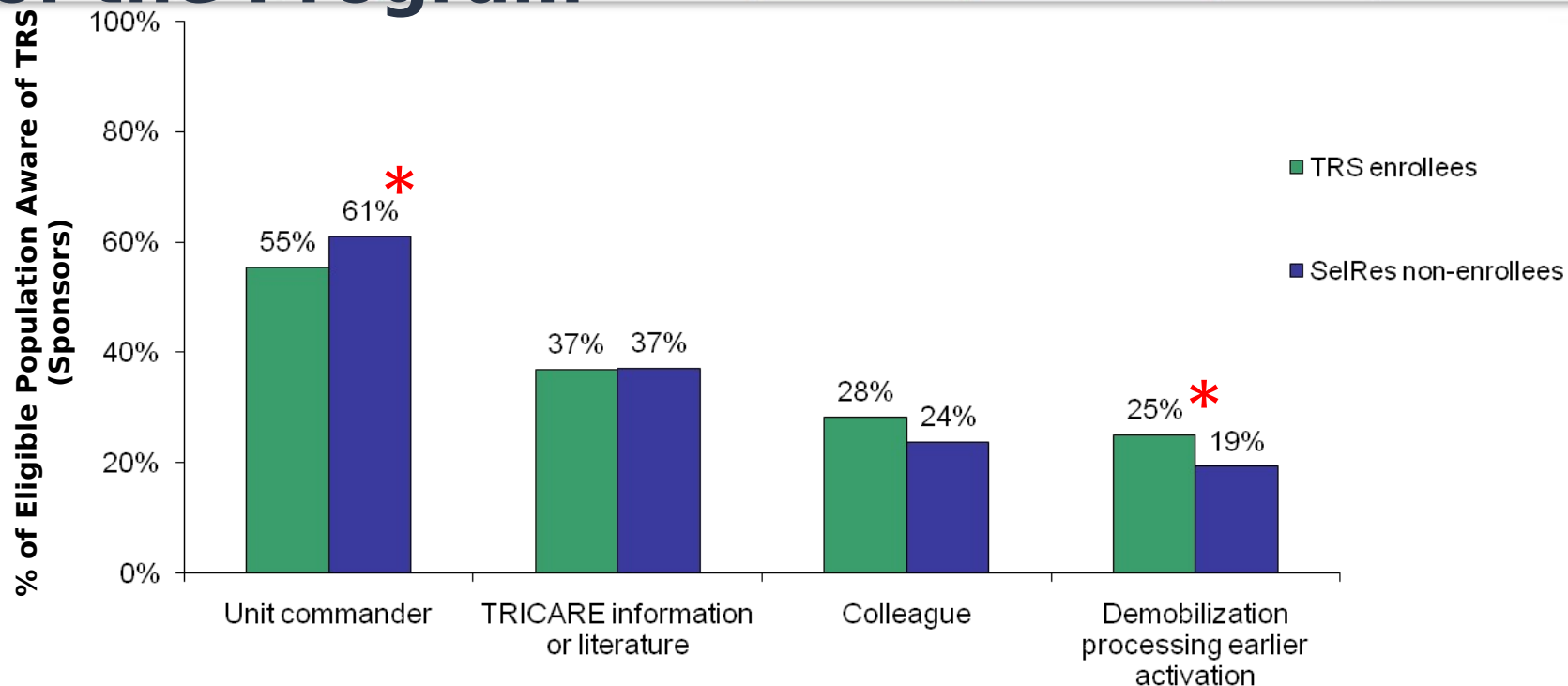


Nearly half of eligible SelRes non-enrollees had a **more affordable civilian option**

More generous civilian benefits was also frequently cited as a reason for not enrolling.

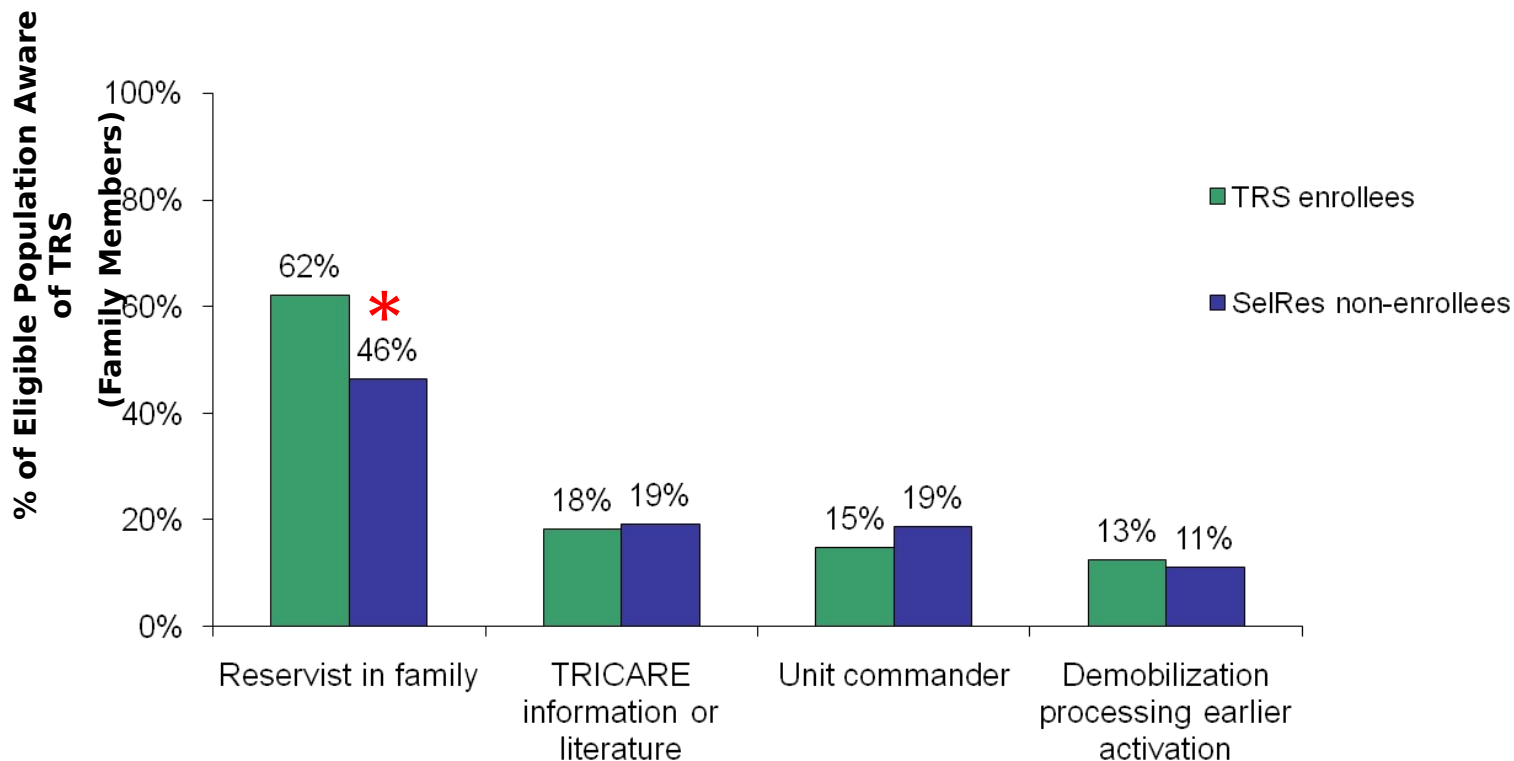


Most Common Sources of TRS Information Among Sponsors Aware of the Program



- Sponsors identified Unit commanders as the source of information about TRS
- Among sponsors, TRS enrollees were more likely than eligible SelRes non-enrollees to learn about TRS through the demobilization process and less likely to identify a unit commander as the source of information
- Fewer than 10% learned about TRS through Reserve Affairs, supporting membership organizations, and news media

Most Common Sources of TRS Information Among Family Members Aware of the Program



- Among family members, TRS enrollees were more likely than eligible SelRes non-enrollees to say a **Reservist in the family was the source of information about TRS**

TRS Enrollee Satisfaction and Access Compared to SelRes, Prime & Standard



Summary of Findings

- How do TRS enrollees' experiences with access to and satisfaction with health care compare to other TRICARE populations?
 - TRS enrollees reported comparable satisfaction and access compared to their SelRes non-enrolled counterparts, and were more likely to report getting care right away, good communication with providers and to assign satisfaction ratings of 8+ to health plans and to overall health care
 - TRS enrollees were similar to Standard/ Extra users on most aspects of access and satisfaction; TRS enrollees were more likely than Standard/ Extra users to report no problems getting needed care
 - TRS enrollees were more satisfied than Prime users on nearly all measures of access and satisfaction, although Prime users were more satisfied with their health plan
 - TRS enrollees living outside a MTF service area may be somewhat more satisfied than TRS enrollees living inside a MTF service area

Comparison of TRS Ratings to Ratings of Other Plan Options



by Active Duty Family Members

Care experiences	TRS Enrollees' Satisfaction Compared to:		
	Eligible SelRes Non-enrollees	Prime	Standard/ Extra
Getting needed care No problem finding personal doctor No problem seeing specialist	No diff. No diff. No diff.	+ + +	+ No diff. No diff.
Getting urgent care Getting care right away when needed Routine care <15 minute wait for exam room	+ No diff. No diff.	+ + +	No diff. No diff. No diff.
Doctors and medical care Doctors communicate well Rating of 8+ for personal doctor Rating of 8+ for health care	+ No diff. +	+ + +	No diff. No diff. No diff.
Helpful office staff	No diff.	+	No diff.
Health plan (Rating of 8+ for health plan)	+	--	No diff.

- **TRS ratings were higher than Prime enrollees and statistically similar to eligible SelRes non-enrollees and to Standard/Extra users**

-- TRS average rating is **LOWER** than the comparison group (Prime; Standard/Extra)

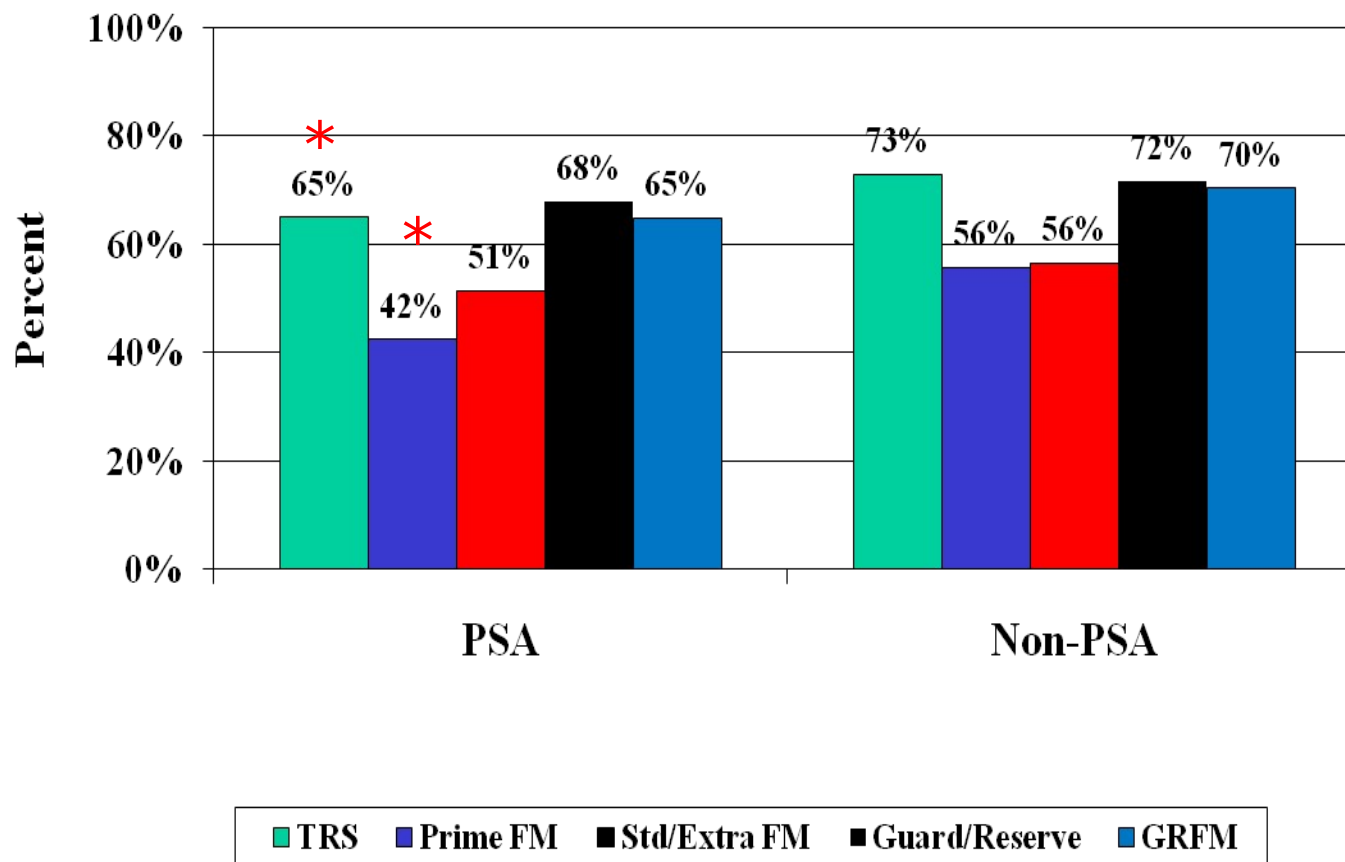
2011 MHS Conference + TRS average rating is **HIGHER** than the comparison group

No diff - **NO DIFFERENCE** statistically between TRS & the comparison group

Combine HCSDDB & TRS Results by Plan Type & Prime Network/Non-Network Locations



No Problem Finding Personal Doctor



Rates are unadjusted.

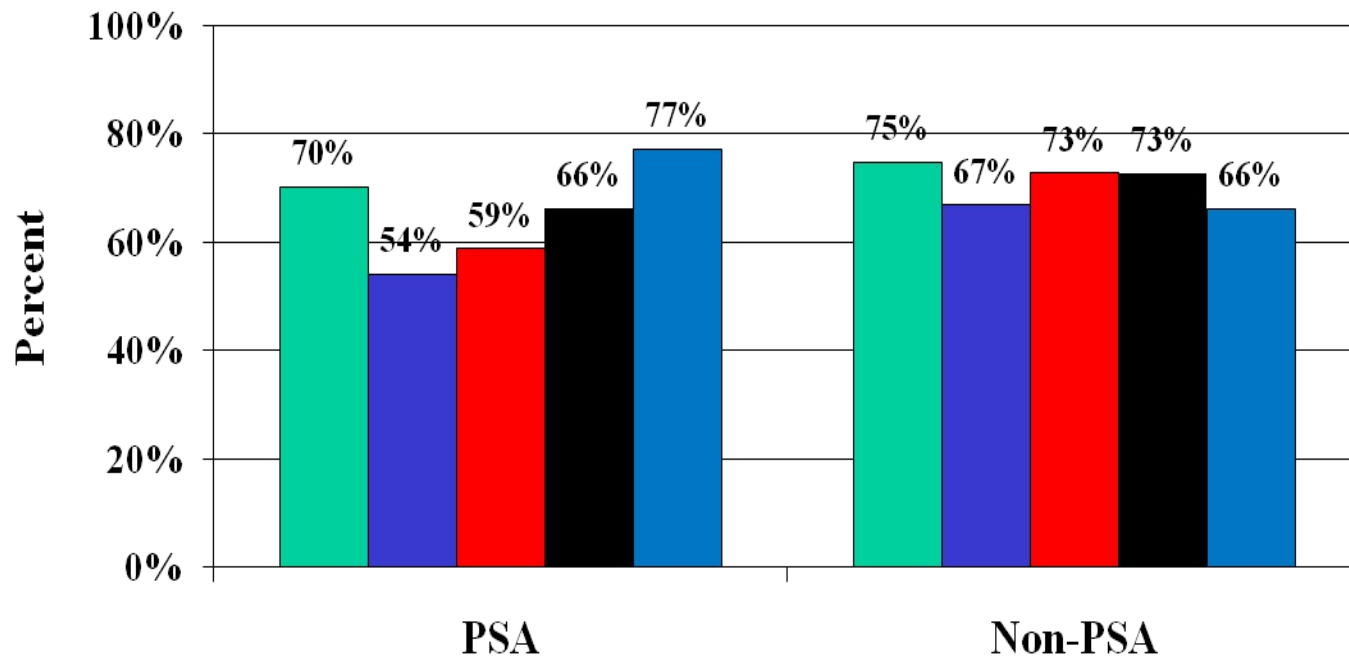
Source: TRICARE Reserve Select Survey and HCSDDB, 2008

* Differs from Non-PSA, $p < 0.05$

Combined HCSDDB & TRS Results by Plan Type and Prime Network/Non-Network Locations



No Problem Getting to See Specialist



■ TRS ■ Prime FM ■ Std/Extra FM ■ Guard/Reserve ■ GRFM

Rates are unadjusted.

Source: TRICARE Reserve Select Survey and HCSDDB, 2008

* Differs from Non-PSA, $p < 0.05$



TRICARE Provider Access for MHS Beneficiaries Using TRICARE Standard & Extra

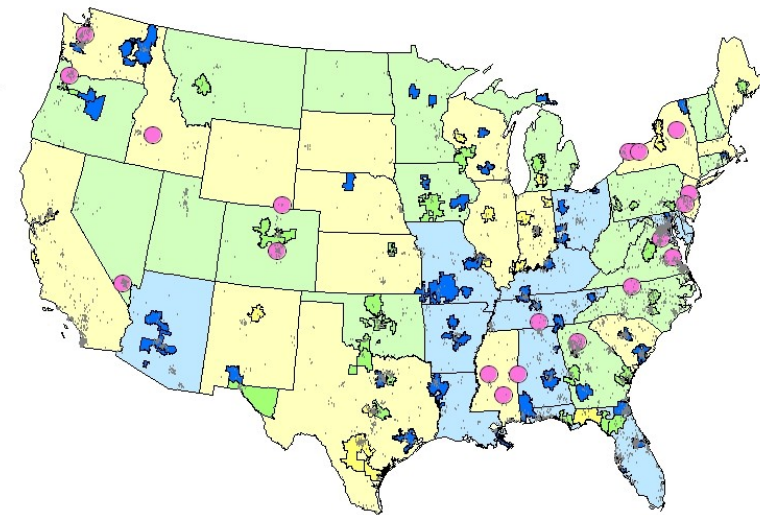
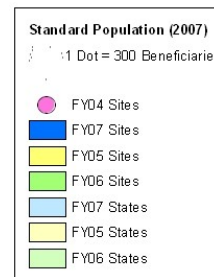
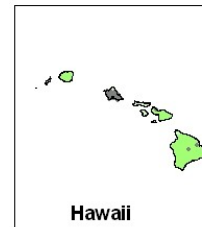
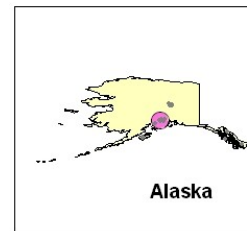
2005-2007 Surveys of Civilian Physicians Accepting TRICARE Standard/Extra



2005-2007 Survey

Surveys required by Congress

- 81% of civilian physicians accept new TRICARE patients if they accepting any new patients at all
- 87% aware of TRICARE
- 18,500 physicians/year responded
 - all 50 states & Washington DC
 - over 100 local Hospital Service Areas chosen by beneficiary organizations, TRO's, and at random
 - 50% response rates
- Survey approach and results validated by GAO
- TRICARE Standard managers added to each TRO



Civilian Providers Accepting, & Beneficiary Access to, TRICARE Standard/Extra



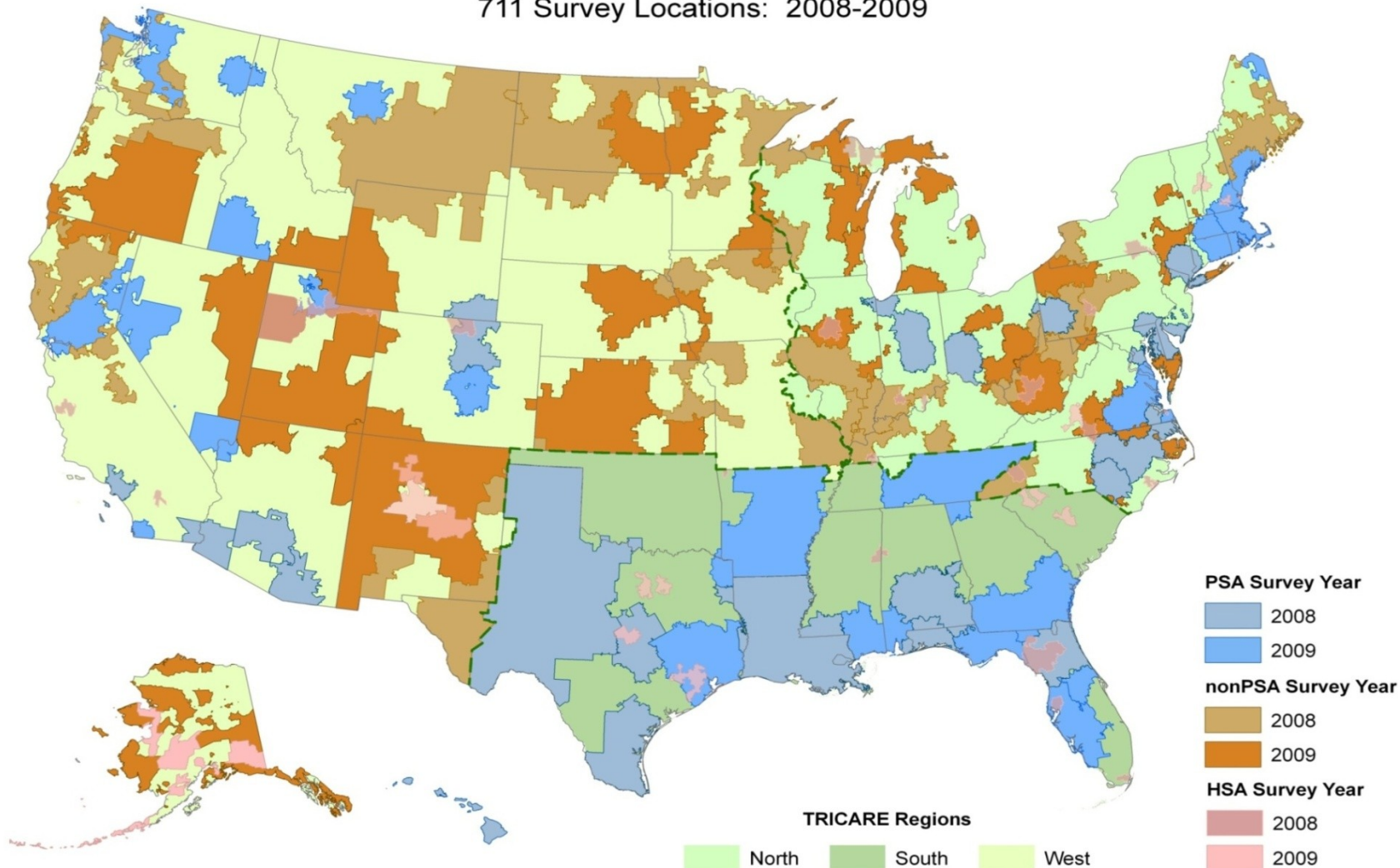
2008-2011 Congressionally-directed four-year Survey

- Survey civilian providers (physicians and non-physician mental health providers) to assess acceptance of TRICARE Standard/Extra patients
 - Equally survey where TRICARE Prime is offered and where it is not offered
 - Add sites identified by provider and beneficiary representatives
- Survey beneficiaries in same locations to identify access and satisfaction
 - Strategy: Sample beneficiaries eligible for Standard or Extra: non-enrolled Active Duty family, mobilized reservist family members, retirees under 65 and TRICARE Reserve Select (TRS) enrollees

Four-Year U.S.-Wide Survey of Civilian Providers



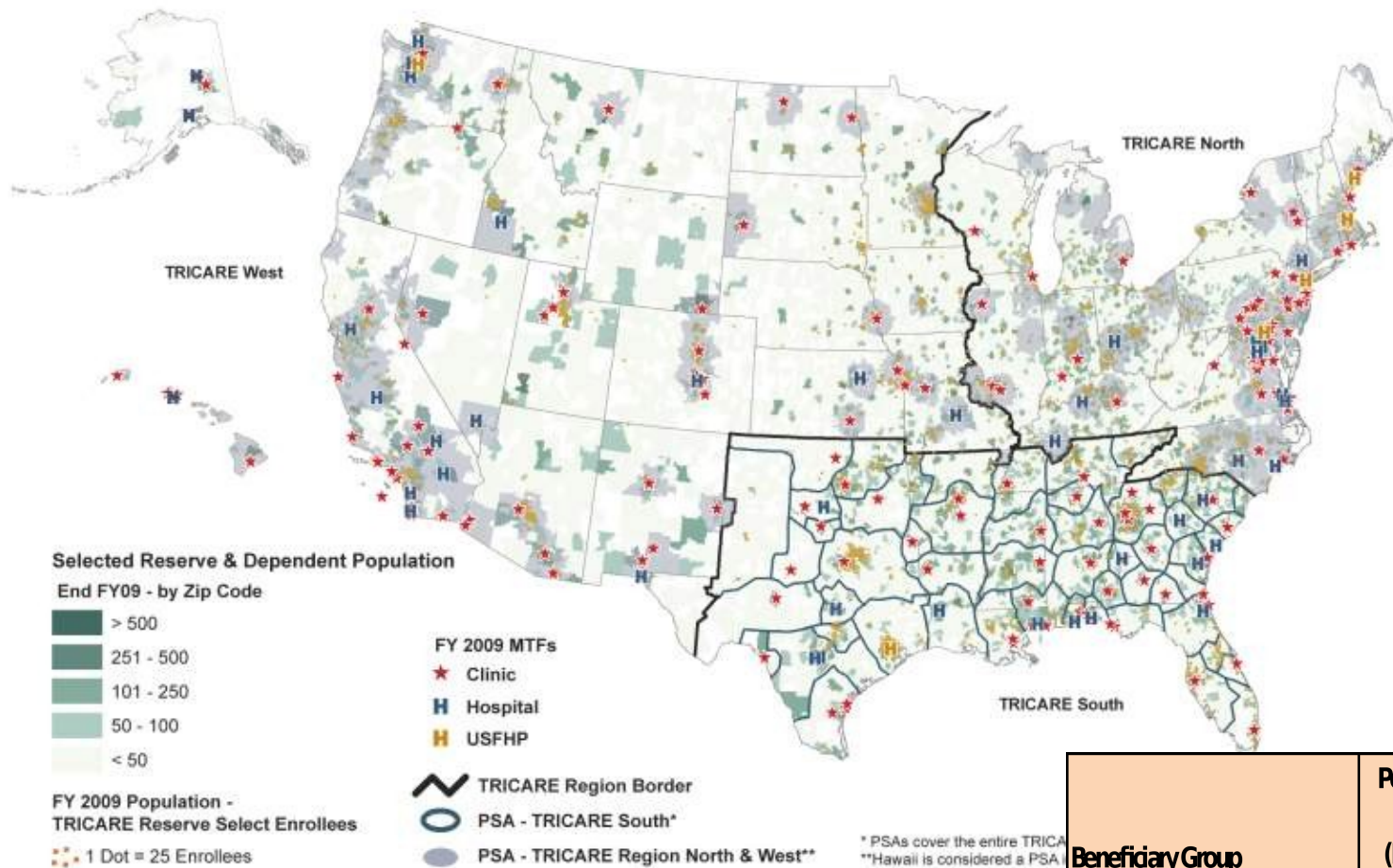
711 Survey Locations: 2008-2009



Selected Reserve and Family Member Population



SELECTED RESERVE POPULATION IN THE U.S. RELATIVE TO MTFs IN FY 2009



Source: Selected Reserve and Guard residential population data from DEERS, MTF information from Management Division, and geospatial representation by TMA/HPA&E, 12/23/2009

Beneficiary Group	Population Totals (Millions)	%Population in MTF Service Areas	%Population in Any Prime Service Area
Active Duty and Their Families	32	91%	96%
Selected Reserve and Their Families	22	56%	81%

Summary of Key Findings after Two Years (2008-2009)



- 9 of 10 physicians and about 8 of 10 civilian providers overall (physician and behavioral health) are aware of the TRICARE program in general.
 - Physician results are similar to a 2005-07 Physician- only benchmark survey (both 87%).
- 7 of 10 physicians and 6 of 10 providers overall accept new TRICARE Standard patients if accepting any new patients.
 - Physician results are lower than 2005-07 benchmark
 - 69% vs. 81%.
 - Behavioral Health providers (psychiatrists and non physicians) report.
 - Lower awareness than non-psychiatrist-physicians
 - Lower acceptance of new TRICARE Standard and Medicare patients, than non-psychiatrist-physicians .

Summary of Key Findings

(Continued)



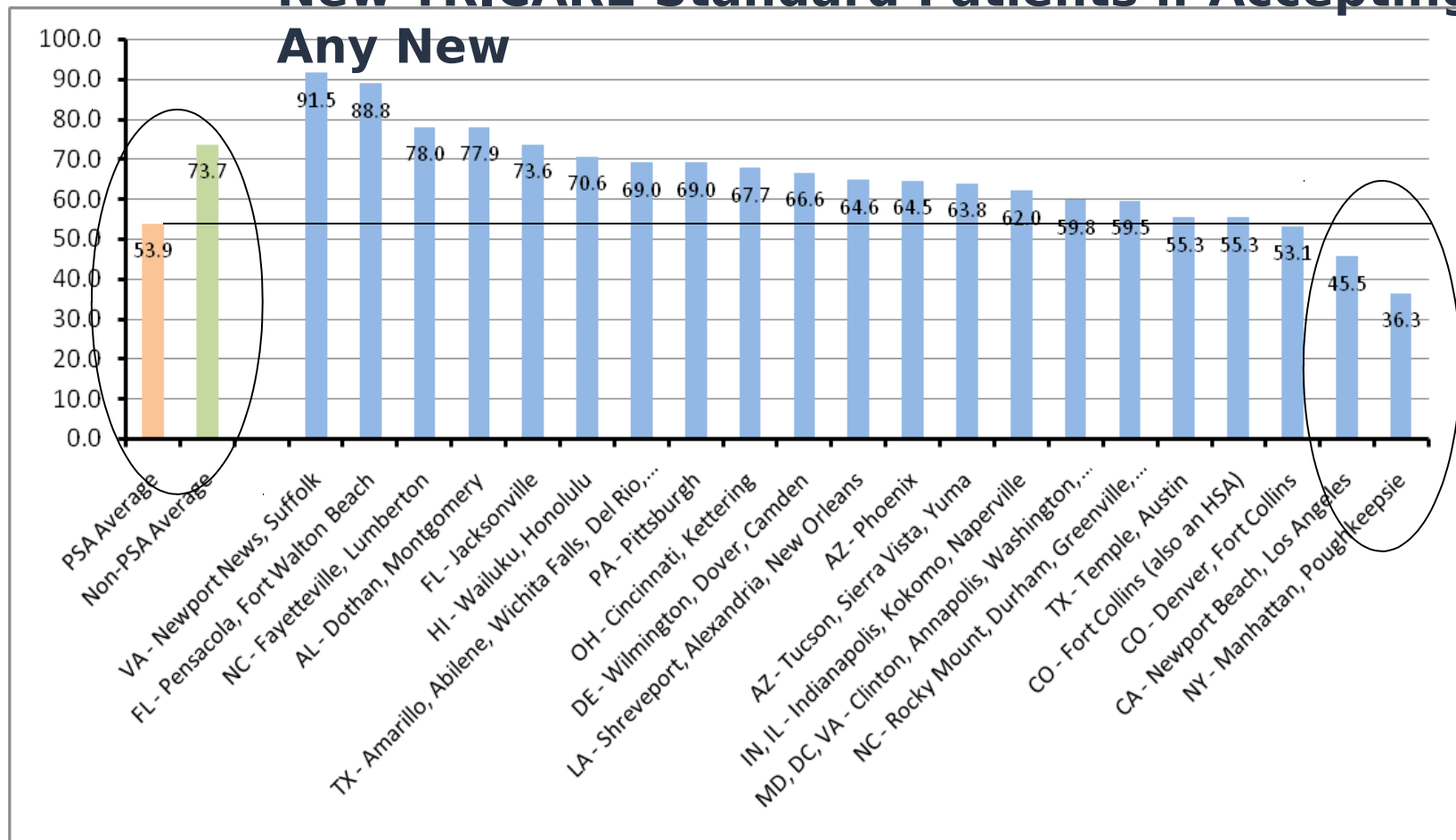
PSA vs. non-PSA results

- Providers in Non-PSAs report higher rates of awareness and acceptance of TRICARE Standard/Extra than providers in PSAs.
 - As well as those accepting new Medicare patients.
- Similar results by primary care providers, specialists or psychiatrists, and most non-physician behavioral health providers.
- Variability among locations and provider specialties helps identify

Example of 2008 Variation in PSA Results



Percent of PSA Providers Accepting New TRICARE Standard Patients if Accepting Any New



- Newport News and Suffolk, VA had the highest percentage of providers accepting new TRICARE patients
- Manhattan, Poughkeepsie, NY had the lowest percent of PSA providers report to accepting new patients

Summary of Key Findings (Continued)



- Providers report that, generally, *TRICARE patients represent a small portion of their patient population*; averaging 4-5% across all PSAs and non-PSAs
- *The most common reasons cited by the 3 of 10 physicians* not accepting new TRICARE:
 - No new patients, reimbursement, miscellaneous, “don’t know/no answer”
 - Compared to physician-only 2005-07 benchmark reasons: Reimbursement, not accepting new patients, miscellaneous
- Behavioral Health (including psychiatrists) providers who do not accept new TRICARE report reasons:
 - “Don’t know/no answer,” reimbursement, problems getting into program, miscellaneous, specialty not covered

Conclusions



- In general, activated Reserve sponsors and family members, and Active duty and their family members, report *similar access to, and satisfaction with* the Military Health System.
- TRS enrollees differ from the non-TRS-enrolled Selected Reserve in need for affordable health insurance- hence enroll in TRICARE.
- *TRS enrollees, compared to (1) their Selected Reserve counterparts* who use their own health insurance, *and (2) MHS Standard/Extra users, report similar access to, and satisfaction* with their health care.
- TRICARE Standard/Extra users report greater access to providers in non-PSAs than PSAs and civilian providers similarly report greater acceptance in non-PSA areas: *thus Selected Reservists and families may benefit to the extent they reside outside PSAs.*

Questions?

